

**EXHIBIT I**

**PHARMACY BENEFIT MANAGER  
COMPLAINT FORM**



Commerce &  
Insurance

Insurance Division  
500 James Robertson Parkway, 10<sup>th</sup> Floor  
Nashville, TN 37243  
(615) 741-9739  
FAX: (615) 532-7389

### Pharmacy Benefit Manager Complaint Form

This complaint form is for pharmacies or other covered entities to file complaints with the Tennessee Division of Insurance related to pharmacy benefit managers (PBMs). Please complete this form and submit it by mail, email, or fax to the address above with any additional documentation related to the complaint.

#### I. Person Filing the Complaint

1. Your Name	Chad Smith		
Business Name	Cleveland Warr LLC DBA Preferred Cherokee Pharmacy (if filing on behalf of a business)		
Mailing Address	1690 25th St NW STE A		
City	Cleveland	State	TN Zip Code 37311
Email	[REDACTED]		
Phone number (Daytime)	[REDACTED]		
2. I am filing this complaint as:			
<input type="checkbox"/> Insured <input checked="" type="checkbox"/> Pharmacy <input type="checkbox"/> Other (specify) _____			

#### II. Insurance Policy Information

3. Name of Insurance Company (Provide the exact name of the insurance company as it appears on your medical insurance card. Incorrect names will delay the handling of your complaint.)	
4. Name of Policyholder or Insured	
5. Name of Member/Dependent (if different than insured)	
6. Type of Insurance <input type="checkbox"/> Individual Health Insurance <input type="checkbox"/> Group Health Insurance If Group, Name of Employer	
7. Date Policy or Certificate was sold	8. State in which Policy or Certificate was sold

#### III. Pharmacy Benefit Manager Information

If you are a patient, please provide the following information from your pharmacy benefit card.

9. Name of Pharmacy Benefits Manager Modimpact	
10. Rx Group/GRP MKE	11. Member/Dependent ID 907154652 (Also numerous patients)
12. Rx BIN 003585	13. Rx PCN ASPRO D1

#### IV. Pharmacy Claim Information

If this is related to a specific pharmacy claim or medication, provide as much of the following information as possible.

14. Name of Pharmacy <i>Preferred Cherokee Pharmacy</i>	
15. Claim or File #, if applicable	16. Date of claim, transaction, or denial (as applicable)
17. Rx # <i>6094896</i>	18. NDC #
19. Drug Name <i>Ambel / vabar</i>	20. Quantity Dispensed <i>90</i>

#### V. Details of Complaint

21. Please check the issue or issues that your complaint pertains to:

##### Allowing Disclosures

☐ Insurer or PBM penalizing a pharmacy for (or restricting pharmacy from) disclosing a lower price available for a prescription drug by not using health insurance for prescription purchase. TCA 56-7-3114

##### Step Therapy

☐ Insurer or PBM failing to provide a step therapy exception. TCA 56-7-3502

##### Steering

☒ Insurer or PBM interfering with an insured's right to choose a contracted pharmacy. TCA 56-7-3120

##### Audits

☐ Insurer or PBM failing to comply with statutory requirements for audits of pharmacy/pharmacist. TCA 56-7-3103

22. Please provide any additional information related to your complaint or a narrative of your complaint if the subject matter is not captured in the above categories. Please only include copies/scans of important papers (NO ORIGINALS, NO PHOTOS), letters, or other information if they relate to your complaint.

Patient was told that going forward he would be able to get his medications at McKee Bakery's pharmacy at little to no cost to him. He lives 30 minutes from there and doesn't want to change pharmacies.

23. Please indicate what actions should be taken to resolve your complaint.

All McKee Bakery employees should have the right to choose a pharmacy of their choice to fill all the medications for the same copay

24. Have you previously reported this complaint to us or any other governmental agency?

☐

Yes

☒

No

If yes, which agency and what action was taken?

## VI. Submission Details

I declare that the information I have furnished is true and accurate.

Chad S.  
Signature

1-18-23  
Date

Email: [Scott.McAnally@tn.gov](mailto:Scott.McAnally@tn.gov)

Fax: 1-615-532-7389

Mailing Address:

Department of Commerce and Insurance

Insurance Division

500 James Robertson Parkway, 10<sup>th</sup> Floor

Nashville, TN 37243-0574